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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Pocket Number (Optional) 424662010300
Application Number 10/526,668	Filed March 4, 2005
For A CLEANING APPLIANCE	
Art Unit Not Yet Assigned	Examiner Not Yet Assigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):	
<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$130	\$65 \$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$490	\$245 \$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$1110	\$555 \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$1730	\$865 \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$2350	\$1175 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 . WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
I am the <input type="checkbox"/>	applicant/inventor.
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 48,361
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____
 Signature	January 5, 2009 Date
Cassandra T. Swain Typed or printed name	(703) 760-7706 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input type="checkbox"/> Total of 1 forms submitted.	